City of Menomonie Housing Program

✧ 800 Wilson Avenue, Menomonie, WI 54751 ✧

This program is not for remodeling or for new and cosmetic construction.

If you are interested in applying for a low interest loan for your primary property in the City of Menomonie, please fill out the attached forms and return to my attention. You must currently be living at this property 100% of the time in order to apply.

- Homeowner Application
- Income/Asset Questionnaire forms
- General Release form
- Verification of Employment (if you collect Social Security, include the benefit statement)
- Verification of Mortgage form-fill in the name and address of your bank or mortgage company. Sign, date, & return.
- Lead safety pamphlet receipt – sign, date and return
- Lead safety pamphlet – keep for your records

In addition to these forms, please include a copy of your current property tax statement and copies of the last three months of pay stubs from your employer, your 2018 income tax statement, copies of your checking / savings accounts from the last 6 months and any pension / IRA / 401k, etc. benefits. We will also need a copy of your mortgage. Since mortgages can be numbers of pages long, we will only need a copy of the page, which shows the legal name(s) of mortgagor, and a copy of the page that shows the exact legal description.

Upon receipt of this information, we will verify your income and mortgage amount. Please note that there must be enough equity in your home to secure the loan. The fair market value from you property taxes is used to determine equity in your property. If there is not enough equity, it is possible the housing committee could deny your loan application. However, if your application meets all the criteria, we will contact you to set up an initial inspection.

To be eligible, you must make less than the following:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
$38,000	$43,400	$48,850	$54,250	$58,600	$62,950	$67,300	$71,650

Funds are limited and it's a first come first serve basis. Please return application as soon as possible so you don't miss out on this great opportunity!!

If you have any questions, please call me at 715-235-9081.

Sincerely,

FOR CITY OF MENOMONIE,

Bobbie Guest

Bobbie Guest
Housing Administrator
c/o Cedar Corporation
604 Wilson Avenue
Menomonie, WI 54751
1-800-472-7372

Loan Processing Procedure

I. Application:
   A. Applicants fills out application and returns application to Housing Administrator
   B. Housing Administrator verifies income and mortgage information (about 2 weeks)
   C. Income and asset information is tabulated to determine income eligibility
   D. Applicant is contacted to inform them of eligibility and if eligible, a time to do an inspection will be sent up

II. Inspection and Bidding:
   A. An inspection of the property is conducted by the Housing Administrator
   B. The inspector is looking for deficiencies that qualify under the CDBG Housing program
      Items not eligible include remodeling kitchens, living rooms, bathrooms and bedrooms, new construction and finishing basements. The program is looking for conditions to be decent, safe and sanitary.
   C. The Housing Administrator writes the specifications for the items that failed during the inspection
   D. The specification bid packet is sent to homeowner. The homeowner is responsible for finding contractors to bid on the work and will be given about 3 weeks to solicit bids from contractors. Contractors must carry the appropriate licenses and insurance in order to participate in CDBG Housing program.
   E. To ensure fair and competitive bidding is practiced, all bids must be given to the Housing Administrator. After the bidding deadline, the Housing Administrator will put and bid tab together and present to the applicant. The Housing program will cover the lowest responsible bid. If the homeowner chooses a different contractor who is higher, they may do so however, the applicant must pay for the differences.

III. Loan Approval:
   A. Income, asset, equity and bids are calculated and presented to the Housing Committee.
   B. The Housing Administrator will notify applicant of the Housing Committee's decision.
   C. If approved, a loan closing time will be set with the Housing Administrator and the terms of the loan will be discussed at that time.
   D. The signed mortgage will be recorded at the Register of Deeds office.
   E. Contracts will be sent to the contractor for signature.
   F. After receipt of all signed contracts, the work can start within 15 days. The contractor has 90 days to finish the work.

IV. Construction:
   A. The contractor and homeowner discuss start date and other details about colors and styles.
   B. Contractors will be paid in progress payments. Checks are issued in two party checks and are given to the homeowner to sign over to the contractor. The work will be inspected by the Housing Administrator prior to payments.
   C. Lien waivers must be signed by contractors and payment may be put on hold until lien waivers are signed and received by the Housing Administrator.

V. Closeout:
   A. Homeowner receives statement of closeout and copies of all loan papers

TERMS AND CONDITIONS

Processing your application for a home repair loan requires the program administrator to verify and document your income, mortgage amount and title commitment of the property you identified in your application. There are costs associated with obtaining the required information. These charges will be included in your loan application as a closing cost when you close the repair loan with the City's housing program.

If you withdraw your application or we are unable to proceed with your closing the loan because of actions or failure to act on your part causing judgments, liens, unpaid property taxes, delinquent mortgages, etc., you will be required to reimburse the program for the cost incurred. A copy of the bill will be given to you for your records.

These costs include, but are not limited to:

1. Income verification: varies
2. Title search: $75 - $125
3. Recording Fee: $30
4. Initial inspection, specification writing and inspection fees: $75 - $400
5. Soil, lead, asbestos and mold testing: $10 - $400
6. Other cost incurred to the point of withdrawal: varies

Signing this form, I acknowledge these costs and agree to pay for the services charged. If my loan application is approved, all these costs will be included in my loan. The only time I will have to pay for these costs out of my pocket is when application is withdrawn or denied as mentioned above.

Signing this form, I agree that the Housing Administrator can take and use photographs of my home/project for future use of display purposes of the program.

Signing this form, I acknowledge the loan I am applying for is to make conditions decent, safe and sanitary. The Housing Administrator has the responsibility to make sure the work completed meets the program guidelines. The Housing Administrator and City of Menomonie has the right to deny funds for work that is not approved or under contract.

The Housing Program does not cover the following:

- Repairs to unoccupied buildings
- Repairs to outbuildings
- Repairs to detached garages
- New construction, expansion of the size of the structure, the rehabilitation of uninhabited space, or the finishing of unfinished spaces, except as required to eliminate overcrowding of bedrooms, (per Housing Code). To flood proof the home, or for handicap accessibility
- Reimbursement for work that has been contracted for or completed prior to the property owner signing agreements with the Grantee except for emergency projects.
- Labor cost of any household member, or any non-insured person/contractor, of any non-licensed person/contractor, or of any person/contractor that does not submit a bid.
- Purchase, installation or repair of furnishings and appliances
- Automatic garage door opener

Signing this form, I agree to assist the housing administrator during the inspection by pointing out problems or concerns. The contractor's work write-up is based on the inspection. I, the applicant will be responsible for finding my own contractors and may do so after I've received the work write-up from the inspection. I agree to NOT make any changes to the work write-ups or specifications without prior written approval from the Housing Administrator.

Signing this form, I agree that if my property is located in the floodplain, I may need to go through an environment review process. If CDBG funds assist floodplain properties, the owner will be required to purchase floor insurance coverage for minimally one year, equal to or greater than the amount of the CDBG loan.

Signing this form, I agree that my property is not scheduled for sale, acquisition, demolition or condemnation.

Signing this form, I agree not to perform any rehabilitation or renovation work on my property during the in CDBG project until all work has been completed. If I perform any rehabilitation or renovation, work during my project, my project may be deemed ineligible and all cost including labor and materials incurred will become my responsibility. The City of Menomonie CDBG program will not be held liable to correct any mistakes that may occur during my renovation. I further understand that work may case until I completed my renovation work. The only exception, with prior written authorization of City of Menomonie is if I, the homeowner, am licensed to conduct a specific type of activity, such as a licensed electrician.

Signing this form, I agree that my house will not be rehabilitated into a brand new house. The City of Menomonie Housing Program may not be able to fix all issues or update all code violations at your property. The program is replacing existing with like materials. Upgrades and deviations are at the homeowner's expense.

Signing this form, I agree that should disputes concerning payment to contractors arise, final determination will be made by the Housing Administrator for City of Menomonie, and I agree to abide by the decision of the administrator.

Signed: _____

Applicant Name Date

Signed: _____

Applicant Name Date

Signed: _____

Applicant Name Date

CITY OF MENOMONIE
Housing Rehab/Repair Program Application
Menomonie, WI 54751

Applicant Name: _____ Co-Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ May we call you at work? ☐ Yes ☐ No

E-mail: _____

LIST ALL PEOPLE WHO LIVE IN THE HOME

Name	US Citizen?	Disabled?	Birth Date	Relationship to You Spouse, Son, Daughter, etc.
	☐ Yes ☐ No	☐ Yes ☐ No		Applicant
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		

WISCONSIN MARITAL PROPERTY ACT

In order to comply with the provisions of the Wisconsin Marital Property Act, it is necessary for you to provide the following information.

Marital Status: Single ☐ Married ☐ Divorced ☐ Legally Separated ☐ Widowed ☐

If married and living separate:

Spouse's name: _____

Spouse's address: _____

Notice to married applicants: No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to Sec. 766.587, Wis. Stats.), unilateral statement classifying income from separate property under Sec. 766.59, or court decree under Sec. 766.70 adversely affects the creditor unless the creditor is furnished with a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time the obligation is incurred.

Assessed Value of Home	Name(s) on Property Title	Date of Purchase	Year Property Built

Is this your primary residence? ☐ Yes ☐ No Are the property taxes paid up to date? ☐ Yes ☐ No

What type of property is this?

☐ Single Family ☐Multi-Family (# of units_____) ☐ Mobile Home

☐ Other _____

LIST ALL DEBT AGAINST PROPERTY (For Example: Mortgages, Lines of Credit, Judgments)

Name of Lender	Loan Number	Original Amount	Balance Due	Term (# of years)	Interest Rate	Type of Loan (WHEDA, VA, etc.)

Property Insurance Company: _____

Insurance Company Address: _____

Policy #: _____

Who is the heat provider? _____

What type of heat source is there in the rental unit?

☐ Natural Gas ☐ Electricity ☐ LP ☐ Oil ☐ Wood

Who is your electricity provider? _____

Race, optional ☐ American Indian/Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American ☐Asian ☐White or Other Multi-Racial

Ethnicity, optional ☐ Hispanic/Latino ☐ Other _____

Are you a United States Citizen or a Qualified Alien? ☐ Yes ☐ No

Are you currently living in housing you consider adequate, safe and decent? ☐ Yes ☐ No

HANDICAPPED ACCESS REQUEST
Are you requesting handicapped access work? ☐ Yes ☐ No

Rehabilitation Desired:

_____

_____

_____

_____

CONFLICT OF INTEREST

Do you have family or business ties to any of the following people?
If yes, disclose the nature of the relationship.

Person	**Not Related**	**Related**	**Relationship**
Randy Knaack, Mayor			
Cally Lauersdorf, City Clerk			
Lowell Prange, City Adminstrator			
John Sobota, Housing Committee			
Judy Schuch, Housing Committee			
Carol Thompson, Housing Committee			
Jan Traxler, Housing Committee			
Mary Eide, Housing Committee			
Bobbie Guest, Housing Administrator			

*** Elected/appointed officials, municipal employees or consultants involved in the decision-making processes of the program are not eligible to receive housing rehabilitation assistance through the program either for themselves, or those with whom they have family or business ties, during their tenure or for one year after.*

*** In no case may the Grantee's Chief Elected Official receive a CDBG loan*

READ EACH ITEM BEFORE SIGNING THE APPLICATION. IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE.

Check box that applies to you:

- ☐ Owner-occupied property
- ☐ Landlord property
- ☐ Tenant

I understand the Housing Rehab funds are offered as a loan payable upon resale or transfer of title of the property. The loan will be secured by a mortgage and/or promissory note that I can pay any or all of the balance any time prior to resale of transfer of property.

Read and initial statements below:

____ I understand the City of Menomonie Housing program will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on inspections (initial, progress and/or final), City of Menomonie reserves the right to deny funding.

____ I understand I must carry homeowner's insurance on the property and keep the policy in force during the life of the loan.

____ I understand the house I am rehabilitating must be weatherized not later than six (6) months from date of closing. City of Menomonie Housing program will assist me in identifying resources to weatherize my house, but I am responsible for ensuring the work is completed.

____I understand if I intentionally make statements or conceal any information in an attempt to obtain assistance, it is in violation of federal and state laws that carry severe criminal and civil penalties.

____I authorize City of Menomonie Housing program to verify all information given by me about my property, income, employment, credit, background, and previous landlord(s) to determine my eligibility. I authorize the Housing Administrator to take initial, progress and final pictures of my property for the purposes of this loan.

____I authorize and direct all custodians of my records, including my insurance company, employer, and public or private agency, bank, financial institution, or credit data service to release information to City of Menomonie Housing program

____ I understand the Housing Administrator is trained to determine what deficiencies fall under the program guidelines and I will accept the inspection notes regarding the deficiencies from the Housing Administrator. I understand and I will comply with the Housing Quality Standards as the guidelines for the loan. *(Please ask Housing Administrator to clarify Housing Quality Standards, if they are not clear)*

____ I understand the City of Menomonie Housing program will not be a part of any remodel and other new/cosmetic construction project. The City of Menomonie will not pay for work that has already been started and completed. All the approved work through the City of Menomonie Housing program will need to be completed before any remodel work is started. No exceptions.

____ Failure to comply with these conditions could result in the withdrawal of City of Menomonie participation or the recall of the full amount of City of Menomonie loan, plus interest, anytime during the application and construction process.

By my signature, I certify that all information I have given is true and correct to the best of my knowledge.

Warning! Section 1001 of Title 18 of the US code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Misrepresentation of any information is grounds for ineligibility or termination.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to the City of Menomonie the requested information listed below:

1. Previous and past employment history including employer, period employed, title of position, income and hours worked.

2. Disability payments, social security and pension funds.

3. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.

This information will be for the confidential use of City of Menomonie Housing Administrator in determining my/our eligibility for a mortgage loan or to confirm information I/we have supplied. Please complete the attached verification request.

A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed release of information form will be kept on record with the City of Menomonie Housing.

_____	_____
Last, First, M.I.	Last, First, M.I.
_____	_____
Street Address	Street Address
_____	_____
City, State, Zip Code	City, State, Zip Code
_____	_____
Signature Date	Signature Date

NOTICE TO BORROWERS: This notice to you is required by the Right to Financial Private Act of 1978. The Department of Housing and Urban Development, Federal Housing Administration or Veterans Administration have a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD, FHA or VA without further notice or authorization but will not be disclosed or released by this institution to another government agency without your consent except as required by law.

CITY OF MENOMONIE HOUSING CDBG HOUSING PROGRAM
VERIFICATION OF EMPLOYMENT

To: _____
Employer's Name

_____
Employer's Address

_____
Employer's City, State, Zip

_____
Employer's Phone number

Employee, _____, has applied for a housing rehabilitation loan through the City of Menomonie Housing Program. The program is for income eligible applicants.
Please complete the information below so we can verify the applicant's financial eligibility.

You have my permission to release my income information to the Housing Administrator for the City of Menomonie Housing Program.

X_____
Applicant's Name Date

Applicant - Do Not Write Below This Line

Present Position: _____

Employment Date: _____

Probability of Continued Employment: _____

Rate of Pay: $_____: Hour _____ Week _____ Month _____ Year _____

If hourly wage, please indicate average hours/week: _____
Gross salary for past 13 weeks: _____
Projected gross salary for next 12 months (52 weeks): _____
Estimated Commission/Bonus: _____ Overtime: _____

_____
Authorized Employer Signature Title Date

Please return to: CDBG Program Administrator
604 Wilson Avenue
Menomonie, WI 54751

Enclosure: Stamped Addressed Return Envelope

CITY OF MENOMONIE HOUSING CDBG HOUSING PROGRAM
VERIFICATION OF EMPLOYMENT

To: _____
Employer's Name

_____
Employer's Address

_____
Employer's City, State, Zip

_____
Employer's Phone number

Employee, _____, has applied for a housing rehabilitation loan through the City of Menomonie Housing Program. The program is for income eligible applicants.
Please complete the information below so we can verify the applicant's financial eligibility.

You have my permission to release my income information to the Housing Administrator for the City of Menomonie Housing Program.

X_____
Applicant's Name Date

Applicant - Do Not Write Below This Line

Present Position: _____

Employment Date: _____

Probability of Continued Employment: _____

Rate of Pay: $_____: Hour _____ Week _____ Month _____ Year _____

If hourly wage, please indicate average hours/week: _____
Gross salary for past 13 weeks: _____
Projected gross salary for next 12 months (52 weeks): _____
Estimated Commission/Bonus: _____ Overtime: _____

_____
Authorized Employer Signature Title Date

Please return to: CDBG Program Administrator
604 Wilson Avenue
Menomonie, WI 54751

Enclosure: Stamped Addressed Return Envelope

CITY OF MENOMONIE CDBG HOUSING PROGRAM
VERIFICATION OF MORTGAGE

Applicant:_____
Applicant's Address:_____
Bank or Mortgagee's Name: _____
Bank or Mortgagee's Address: _____
Bank or Mortgagee's Address: _____

I hereby authorize mortgagee to furnish City of Menomonie CDBG Housing Program the following information.

X_____
Name, Date

_____
Name Date

Applicant - Do Not Write Below This Line

Original Mortgage Amount:_____Date of Mortgage: _____

Present Balance: $_____ Date of Maturity: _____

Installments: Principal & Interest: $_____
Mortgage and/or Property Insurance: $_____
Taxes: $_____
Total Monthly Payment: $_____

Are Payments Current? _____ Yes _____ No (Explain Amount and Period):

_____

Number of Late Payments (30 Days), If Any: _____

_____
Signature of Mortgagee Title Date

Please return to: CDBG Program Administrator
604 Wilson Avenue
Menomonie, WI 54751

CITY OF MENOMONIE CDBG HOUSING PROGRAM

PAMPHLET RECEIPT FORM

- I have received a copy of the EPA pamphlet entitled *"Renovate Right, Important Lead Hazard Information for Families, Child Care Providers, and Schools."*

- I have received a copy of the EPA pamphlet entitled *"Protect Your Family From Lead in Your Home."*

- I have received a copy of the Smoke Alarm and Carbon Monoxide safety flyer published by Wisconsin Department of Commerce.

- I have received a copy of the Right to Cure pamphlet entitled *"Wisconsin's Framework for Successful Communications Between Consumers and Contractors."*

Signature of Applicant_____Date_____

Signature of Applicant_____Date_____

COMPLETE THE FOLLOWING INCOME/ASSET QUESTIONNAIRE COMPLETELY

Failure to complete the questionnaire in its entirety will delay processing the loan application.

Income Information: Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months. Also provide supporting documentation such as statements.

1.	**Y**	**N**	**Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation** Name of Employer: Phone #: Mailing Address: Name of Employer: Phone #: Mailing Address: Name of Employer: Phone #: Mailing Address:
2.	**Y**	**N**	**Self-employed (List the nature of self-employment) Will need copies of last 3 years of Federal 1040 with Schedule C attached** Name of Business: Phone #: Mailing Address:
3.	**Y**	**N**	**Cash Contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the home** Gross Amount:
4.	**Y**	**N**	**Unemployment benefit and/or Worker's Compensation.** Send copy of benefit statement and copy of check Gross Amount:
5.	**Y**	**N**	**Veteran's Administration, GI Bill, or National Guard/Military benefits/income.** Send copy of benefit statement and copy of check Gross Amount:

6.	**Y**	**N**	**Social Security payments.** Send copy of benefit statement Gross Amount:
7.	**Y**	**N**	**Unearned income from family members age 17 and under (example: Social Security, Trust Fund disbursements, etc.)** Gross Amount:
8.	**Y**	**N**	**Supplemental Security Income (SSI).** Send copy of benefit statement Gross Amount:
9.	**Y**	**N**	**Disability or death benefits other than Social Security.** Send copy of statement Gross Amount:
10.	**Y**	**N**	**Public Assistance (examples: TANF, AFCD, W2)** Send copy of statement Gross Amount:
11.	**Y**	**N**	**Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies, or lottery winnings.** Send copy of statement Gross Amount:
12.	**Y**	**N**	**Income from real or personal property; ie: interest or dividends** Send copy of statement Gross Amount:
13.	**Y**	**N**	**Alimony/spousal maintenance payments** Send copy of statement Gross Amount:

14.	Y	N	**I am entitled to receive Child Support Payments.** Send copy of statement
			☐ I am currently receiving child support payments ☐ I am not receiving any child support payments but it is court ordered that I do. ☐ I am not pursuing the payments for the following reasons: .... ☐ I am making efforts to collect the child support owed to me. Please list the efforts you are making: ....
15.	**Y**	**N**	**Section 8 rental assistance.** Send copy of statement Gross Amount: .....
16.	**Y**	**N**	**Income from a source other than those listed above.** Send copy of statement Gross Amount: .....

Asset Information: Identify each asset, its value, and rate of interest currently held by the household. Also provide supporting documentation such as statements.

17.	**Y**	**N**	**Checking account(s)** Send copies of statements for the last 6 months Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:
	Y	**N**	**Checking account(s)** Send copies of statements for the last 6 months Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:
18.	**Y**	**N**	**Savings account(s)** Send copies of statements for the last 6 months Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:
18.	Y	N	**Savings account(s)** Send copies of statements for the last 6 months Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:
19.	**Y**	**N**	**Certificates of Deposit (CD) or Money Market Accounts** Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:
20.	**Y**	**N**	**Revocable Trust(s)** Provide documentation Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:

21.	**Y**	**N**	**Real Estate - Do you own rental property or land?** Include copies of property taxes Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:
22.	**Y**	**N**	**Stocks, Bonds, or Treasury Bills** Provide documentation Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:
23.	**Y**	**N**	**IRA/Lump Sum Pension/Retirement/Keogh/401K, etc.** Provide documentation Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:
24.	**Y**	**N**	**Whole Life Insurance Policy** Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:
25.	**Y**	**N**	**More than $500 cash on hand** Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:

26.	**Y**	**N**	**Income from assets or sources other than those listed above** Send copies of statements for the last 6 months Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:
27.	**Y**	**N**	**Safe Deposit Box: list contents** Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:
28.	**Y**	**N**	**Disposed of assets (ie. Gave away money/assets) for less than fair market value in the past 2 years (ie: land or 2nd home, etc.)** Name on Account: Name of Bank: Phone #: Mailing Address: Cash Value/Balance:

APPLICANTS AUTHORIZATION TO TERMS AND CONDITIONS

You have completed an application for rehabilitation assistance through the Menomonie's Community Development Block Grant (CDBG) program for your property at _____. Before any work may begin, we want to be certain that you understand the application process and that you understand your responsibilities before we proceed with the rehabilitation work on your home/property.

Please read each statement below carefully and initial each line. By initialing and signing below, you are stating that you understand and agree to the terms and conditions outlined below. This authorization form will become part of your file. A copy of this document will be given to you for your records.

1. I understand that the CDBG loan will be deferred at 0% interest for as long as I occupy the property as my primary residence and agree to and re-record and pay for the re-recording of the mortgage after 30 years. _____

2. I understand that unforeseen cost may be incurred which may increase the cost of the project if contractors discover code violations in the process of bringing the home up to standards that could not be documented in the original inspection (i.e. contractor removes drywall and in the process, discovers mold or code violations behind the walls that must be addressed.) I understand any additional items that are discovered through the rehabilitation process that are unsafe must be correct and I agree to sign additional mortgage(s) to cover these unforeseen costs. _____

3. I understand that if unforeseen or unexpected conditions arise that would delay my project, I will be notified. _____

4. With reasonable notice, Grantee's Name, Division of Energy, Housing and Community Resources (DEHCR), and applicable assignees reserve the right to enter and inspect any in-progress or completed project. _____

5. Menomonie's staff and housing administrator must have access to all areas of the home at the time of inspection. Rooms should not be shut off to City of Menomonie's staff for any reason, including sleeping family member(s). Contractors must have access to the home to complete the contracted work. _____

6. I understand that household pets must be controlled at all times. If the Menomonie Housing Administrator believes that any pet acts aggressively or is dangerous, the pet must be contained or removed from the home for the safety of Menomonie staff and the contractors. If the pet is not contained or removed, the Menomonie's staff and/or the contractor will leave the premises without completing the scheduled work and may result in the cancellation of the project. _____

7. I understand and agree to keep the premises free of all hazards. All improperly stored chemicals, combustible materials, or other fire hazards that present a danger to the inspector and/or contractor(s) must be removed. The home should also be free of maintenance or housekeeping practices that limit the access of the contractors to the dwelling or create an unhealthy work environment (i.e. animal feces or raw sewage in the home). If this is not completed, the project may be cancelled. _____

8. I understand that after receiving notification from Menomonie's Housing Program, that the City of Menomonie reserves the right to cancel a project at any time with reason. Reasons for cancellation may include, but are not limited to: work exceeding the original allocation, loss of funding, failure of homeowner to comply with the terms of the funding and/or contract, the homeowner or property has been determined to be ineligible for funding. _____

9. I understand that I or any other members of the household, relatives, friends… etc may not engage in any abusive behavior towards contractors, subcontractors, or Menomonie's staff. "Abusive behavior" includes, but is not limited to, kicking Menomonie's staff or contractors off of the property, use of profanity, yelling or any threatening or intimidating actions. Violation of the provision may result in cancellation of the project. Any costs incurred at that point will be the responsibility of the homeowner. _____

10. I understand that in matters concerning the selection of paint colors, types of fixtures and other items not involving a change in the specifications of work write-up, the choice will be mine and I will deal directly with the contractor. _____

11. I understand and agree that it will be necessary to allow authorized personnel to take pictures before, during (if an interim inspection is performed) and after the home rehabilitation process. The City of Menomonie's Housing Administrator will inspect the work in progress and upon completion, in order to assure that work meets the specifications. _____

12. I understand and agree that I will NOT make any changes to the work write-ups or specification without prior written approval of the CDBG administrator. Any changes without prior approval will be the responsibility of the homeowner. _____

13. I understand and agree that I cannot perform any rehabilitation or renovation work on my property during the CDBG project until all work has been completed. If I perform any rehabilitation or renovation outside the Menomonie's scope of work during the project, my project may be deemed ineligible and all cost including labor and materials incurred will become my responsibility. The City of Menomonie or the CDBG program will not be held liable to correct any mistakes that may occur during my renovation. I further understand that work may cease until I complete my own renovation work. The only exception, with prior written authorization of Menomonie is if I, the homeowner, am licensed to conduct a specific type of activities, such as a licensed electrician. _____

14. I understand that I must maintain my homeowner's insurance, remain current on my property taxes during the entire period that the lien is in place against my property and will not transfer title of the property. _____

15. I understand that if my house was built prior to 1978, a lead base paint clearance test may be completed at the end of my rehabilitation project based on the scope of work completed. The lead clearance test is to ensure that no lead hazards exist, following the completion of the rehabilitation project. I understand that I will receive a copy of the clearance report. _____

16. I understand that if disputes arise, that it may delay my project completion date. _____

17. I understand payment(s) will be made in the form of a single party check made out to the Contractor. I understand that authorization must be made by myself, the homeowner, for release of funds to the Contractor by signing the payment request form. _____

18. I agree that should disputes concerning payment to contractors arise, final determination will be made the CDBG Administrator at Menomonie, and I agree to abide by the decision of the administrator. _____

I have read, I understand, and accept all the Terms and Conditions as outlined above.

_____

Print Name

_____

Owner Signature Date

_____

Print Name

_____

Owner Signature Date